

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90055 028 ****70.00

DOCUMENT # 761286

1. Entity Name
SAWGRASS VILLAGE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2262 SEAGRAPE CIR
COCONUT CREEK FL 33066**

Mailing Address
**2262 SEAGRAPE CIR
COCONUT CREEK FL 33066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2144464**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBSON, STEPHEN L
2232 SEAGRAPE CIRCLE
STE 112
COCONUT CREEK FL 33066**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **STEPHEN L. JACOBSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/18/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
POST, ROY
2234 SEAGRAPE CIRCLE
COCONUT CREEK FL 33066** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
GENTRY, STANLEY
2204 SEAGRAPE CIRCLE
COCONUT CREEK FL 33066** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
JACOBSON, STEPHEN L
2232 SEAGRAPE CIRCLE
COCONUT CREEK FL 33066** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEPHEN L. JACOBSON**

6/18/03

954-979-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)